

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-1396

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

AUDIOLOGIST CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY THE SCHOOL YOU RECEIVED YOUR MASTERS DEGREE
FROM AND RETURNED TO THE HEARING AND SPEECH EXAMINING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - _____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED** _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

** DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED. Anticipated dates of graduation will not be accepted.